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PATENTS, TRADEMARKS & COPYRIGHTS

January 31, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1340

Re: Revocation of Power of Attorney

Dear Sir:

Please note that the Power of Attorney to Barnes & Thornburg, P.O. Box 2786, Chicago, IL 60690-2786, in the following applications has been revoked by Science Medicus, Inc.:

Application No.	Docket Ref
10/797,391	920607-95597
10/732,643	920607-95239
10/871,928	920607-95769
10/945,463	920607-97172
10/982,093	920607-97446
10/000,005	0607-1006
09/992,967	0607-1007

All pleadings and correspondence in the pending cases should accordingly be forwarded to:

Ralph C. Francis
FRANCIS LAW GROUP
1942 Embarcadero
Oakland, CA 94606

Copies of duly filed Power of Attorney and Correspondence Address Indication Forms are enclosed herewith.

Thank you for your attention in this matter.

Respectfully Submitted,

Ralph C. Francis
Reg. No. 38,884



Application S/N 10/000,005



PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/000,005
Filing Date	November 20, 2001
First Named Inventor	Eleanor Schuler
Title	See Appendix I
Art Unit	3736
Examiner Name	To be assigned
Attorney Docket Number	920607-906873

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Ralph C. Francis	38,884

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Francis Law Group				
Address	1942 Embarcadero				
City	Oakland	State	CA	Zip	94606
Country	USA				
Telephone	(510) 533-1100	Fax	(510) 533-1106		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	22 Feb 05
Name	Daniel S. Baillet	Telephone	(505) 944-0231
Title and Company	Vice President- Science Medicus, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

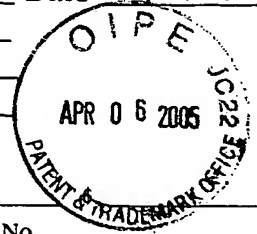
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



APPENDIX I

Title: Method to Record, Store and Broadcast
Specific Brain Waveforms to Modulate
Body Organ Functioning

Method to Record, Store and Broadcast
Specific Brain Waveforms to modulate
Title of Invention Body Organ Functioning Date 4-1-05
Attorney Docket No. 0607-1006
Serial No. 10/000,005
Group No. 3736



<input checked="" type="checkbox"/> Transmittal of:	Check # _____
____ Patent Application Specification	____ Express Mail Label No. _____
Total Pages _____	____ Petition for Extension of Time: Total Pages _____
____ Claims _____ Pages	____ Information Disclosure Statement
____ Drawing Sheets _____ Sheets	____ Copies of References & Form PTO 1449
____ Formal/Informal	<input checked="" type="checkbox"/> Response <u>9</u> Pages
____ Abstract _____ Pages	____ Issue Fee Transmittal
<input checked="" type="checkbox"/> Power of Attorney/Declaration <u>(Copy)</u>	____ PCT Request _____ Pages
____ Assignment _____ Pages	____ PCT Demand _____ Pages
____ Assignment Cover Sheet	____ Maintenance Fee Transmittal
____ Verification of Small Entity Status	<input checked="" type="checkbox"/> Other <u>Certificate of Mailing</u>
<input checked="" type="checkbox"/> Transmittal Letter	_____

(SCU-02-009)